

Inter-Chamber Health Conservation Contest*

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THE people of our country have, in large part, come to realize the importance of public health administration. They see it as a vital matter not only for the individual but for the community as a whole. The increase of population and the rapid growth of our cities have made it imperative that we control epidemics and protect their citizens, in every way science makes possible, from unnecessary diseases and premature deaths. This is a matter of the first importance to business and to the whole economy of the nation. When people are sick they are unable to do their work; there is loss in production and expense in treatment.

It is not ordinarily realized that the great advances which have been made in public health work are very recent. The expectation of life or the "average-after-life-time at birth" has increased about 18 years in the last 100 years. It was 41 years around 1930, and is now close to 59 years. But 10 of those 18 years have been gained since the beginning of the present century. In the earlier period there was an accumulation of knowledge of how diseases are caused and spread; in the last 3 decades we have been applying such knowledge to human betterment. The organization of public health administration, as a function of government, is relatively new. We are only now learning what great advances in human welfare are possible when the basic discoveries of modern medicine are generally applied. The public wants the benefits of the scientific discoveries and it is willing to tax itself within reason toward these ends.

There is still much to be done in the field of preventing disease and premature death. Experience not only in this country but all over the world has demonstrated that public health is purchasable and that expenditures made in this direction pay the best kind of dividends to the community.

And so it was that the Chamber of Commerce of the United States,

* Presentation of Awards to the winning cities in the 1930 Health Conservation Contest at the Annual Meeting of the Chamber of Commerce of the United States at Atlantic City, N. J., April 28, 1931.

two years ago, announced an inter-chamber health conservation contest. The Health Committee appointed by the Insurance Department Committee of the Chamber was convinced that many cities could reduce serious economic losses through improved public health organization. It was also believed that competition between cities would arouse interest over the whole country and result in better conditions. It was for this reason that the Inter-Chamber Health Conservation Contest was launched. The work was carried on under the auspices of the National Chamber with the coöperation of the American Public Health Association.

The first announcement in 1929 received an immediate and encouraging response from the local chambers of commerce. There were 140 cities in the first enrollment; in the second year, which has just closed, the enrollment was 208 cities. The entries geographically have been very widespread. Cities in 43 states, the District of Columbia and the Hawaiian Islands were represented this year. Twenty-one per cent of the cities are in the eastern section; 38 per cent in the central; 29 per cent in the southern; and 14 per cent in the western. The total population represented in the 208 cities was over 25 millions. On every side, the work of the contest was met with satisfaction.

The health officers, the local chambers, and the local business men who have interested themselves have appreciated to the full the value which the contest has had for their cities, the service which the field workers have rendered, and the excellent results which have followed.

The best proof of the favorable influence of the contest is that every city winning in this year's contest which had competed the year before showed a decided increase in its health score, as great as 30 or 40 per cent in some cases. While some of this improvement in the score may be due to better record keeping, there seems to be no doubt that distinct and definite advances have been made in community health accomplishments. Ninety-four per cent of the cities submitted schedules this year which showed from a moderate to a well-marked increase in score for public health services rendered and public health improvements effected, and this in spite of the fact that the requirements were made more exacting.

One of the important factors in this contest is the opportunity it has afforded to influential business men to serve on public health committees of local chambers of commerce and in this way to become acquainted with the local health problems. The contest has served to interest from 2,000 to 3,000 active and progressive business men to learn about their health departments, to see how they are administered, whether they are getting enough public funds, whether their

staffs are adequate and well trained—in short, to have a more sympathetic understanding of local needs.

The life insurance companies which are helping to finance the field work of the contest are cognizant of its value. They see the importance of the fact, look upon it as a real advance that the cities of the country are entering this contest, and are willing to study their health needs in a uniform manner, to follow standard practices, to increase budgets wherever necessary, and especially that they are securing the support and good will of their business men as represented in their local chambers of commerce.

In the year 1930, cities entered in the competition were divided, according to definite population groups, into 6 classes, thereby limiting each city's competition with those of comparable population. Following the winning city, the next 5 in each group have been given honorable mention and an engraved certificate will be sent to the local organization and the health department representing each city in the contest.

The winning and honorable mention cities in the respective groups are as follows:

CLASS I. (Cities over 500,000 population)

Detroit, Mich.
Milwaukee, Wis.
Philadelphia, Pa.
San Francisco, Calif.
Baltimore, Md.
Buffalo, N. Y.

CLASS II. (Cities 250,000–500,000 population)

Newark, N. J.
Cincinnati, O.
Rochester, N. Y.
Kansas City, Mo.
Denver, Colo.
Memphis, Tenn.

CLASS III. (Cities 100,000–250,000 population)

New Haven, Conn.
Syracuse, N. Y.
Yonkers, N. Y.
Hartford, Conn.
Utica, N. Y.
Reading, Pa.

CLASS IV. (Cities 50,000–100,000 population)

Racine, Wis.
Harrisburg, Pa.
Evanston, Ill.
East Orange, N. J.
Durham, N. C.
Pasadena, Calif.

CLASS V. (Cities 30,000–50,000 population)

Alhambra, Calif.
Salem, Ore.
White Plains, N. Y.
West Orange, N. J.
Watertown, N. Y.
Fargo, N. D.

CLASS VI. (Cities under 30,000 population)

Chestertown, Md.
Sidney, O.
South Orange, N. J.
Albany, Ga.
Palo Alto, Calif.
LaSalle, Ill.